

## TRANSCRIPT ORDER

Please Read Instructions:

TRANSCRIPT ORDER				DUE DATE:	
<p>1. NAME Ryan E. Chapple</p> <p>4. DELIVERY ADDRESS OR EMAIL rchapple@cstrial.com; corozco@cstrial.com</p> <p>8. CASE NUMBER 22-33553</p> <p>12. CASE NAME Alexander E. Jones</p> <p>15. ORDER FOR  <input type="checkbox"/> APPEAL      <input type="checkbox"/> CRIMINAL      <input type="checkbox"/> CRIMINAL JUSTICE ACT      <input checked="" type="checkbox"/> BANKRUPTCY  <input type="checkbox"/> NON-APPEAL      <input type="checkbox"/> CIVIL      <input type="checkbox"/> IN FORMA PAUPERIS      <input type="checkbox"/> OTHER       </p>					
<p>2. PHONE NUMBER (512) 477-5000</p> <p>5. CITY Austin</p> <p>6. STATE Texas</p> <p>7. ZIP CODE 78701</p> <p>DATES OF PROCEEDINGS 10. FROM 1/13/2025      11. TO 1/13/2025</p> <p>LOCATION OF PROCEEDINGS 13. CITY Houston      14. STATE Texas</p>					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENT (Plaintiff) <input type="checkbox"/> OPENING STATEMENT (Defendant) <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) <input type="checkbox"/> CLOSING ARGUMENT (Defendant) <input type="checkbox"/> OPINION OF COURT <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> SENTENCING <input type="checkbox"/> BAIL HEARING				<input type="checkbox"/> TESTIMONY (Specify Witness) <input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy) <input checked="" type="checkbox"/> OTHER (Specify) Motion Hearing at 11:00 AM      01/13/2025	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE <i>/s/ Ryan E. Chapple</i>				PROCESSED BY	
19. DATE 1/28/2025				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY